08090 PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 873-7291

APPLICATION FOR- (✓) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other
(Not a Permit)

Proposed Use: To Construct a Warehouse

Location: 1138 X crk. appx 1mi property on rt. (Wooded)

Tax Map No.	Township	Jurisdiction	Zoning
1C-A-12	Coddle Crk.	Iredell	NA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		19.00	( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO.

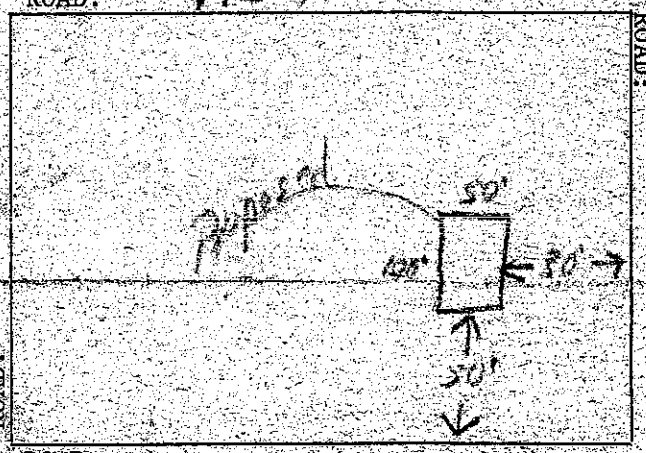
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

3/16/88 #25.00 27117 PH

Janet Alexander



OWNER	ADDRESS	PHONE NO.
Jesse B. Frontis	238 Bell St. Ext.	

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.
Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date 3-16-88

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD:

№ 07392

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m.
664-5281 / 873-7291

APPLICATION FOR- (Not a Permit) (X) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Building (mobile) for Residence

Location: 1155, H 1138 (Pressafrian) 4 pst Rocky River, on left

TAX MAP NO. 12-12-16

Tax Map No.	Township	Jurisdiction	Zoning
12-A-A of 16	Eadie Rock	Unzoned	n/a

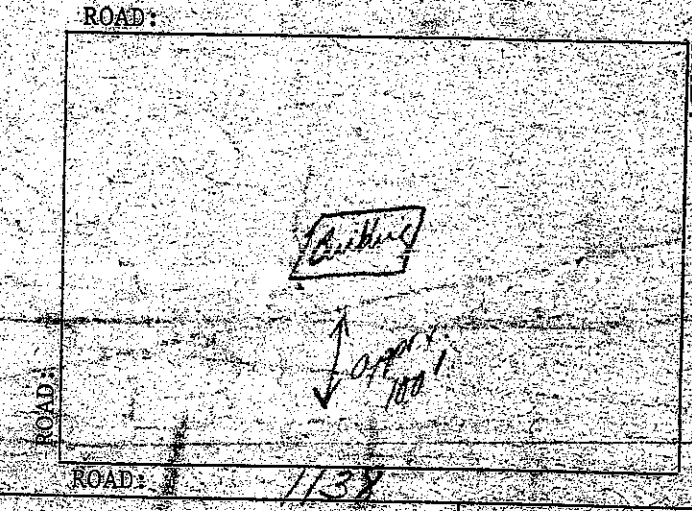
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		Approx. 1-2 acres	( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



23174
25
125.00

OWNER	ADDRESS	PHONE NO.
Janet Kennedy	Rt 1 Box 324 Mooresville	872-1524

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Janet Kennedy — 9-15-87

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.
Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Lot to be deeded

ZONING ADMINISTRATION DIVISION

K. Pennant — 9-15-87

Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner